

INVOICE

STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON NJ 08625-0295

FORM APPROVED BY
DIVISION OF LOCAL GOVERNMENT SERVICES
DEPARTMENT OF COMMUNITY AFFAIRS

PAYMENT RECORD

Voucher No. _____

Warrant No. _____

Date _____

Location No. _____

**POLICE AND FIREMEN'S
RETIREMENT SYSTEM**

Due and payable

Please return this invoice with a check made payable to Police and Firemen's Retirement System

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the services have been rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount is a reasonable one.

SIGN HERE _____

ASSISTANT DIRECTOR OF FINANCE

Date _____

ACCOUNT OR APPROPRIATION CHARGED

Bill Received and Checked.

(Date)_____
(Signature)**OFFICER'S OR EMPLOYEE'S CERTIFICATION**

Having knowledge of the facts in the course of regular procedures, I certify that the services have been rendered; said certification is based on knowledge of a municipal official or employee or other reasonable procedures.

(Signature)_____
(Title or Position)APPROVED FOR PAYMENT_____
(Name and Title)_____
(Date)_____
(Name and Title)_____
(Date)_____
(Name and Title)_____
(Date)_____
(Name and Title)_____
(Date)